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Bill No. SB 271

I would like to voice my complete opposition to SB-271, the attempt to license marriage and family counseling (not counselors). This bill has been previously put forth with various modifications. However the premise of the bill remains the same. That being a thinly veiled attempt at a restriction of trade of other clinical professions. This is exactly the same type of bill that social workers and counselors are now having to oppose with regard to how the Montana Psychological Association trademarked the word "psychological" and all of its variants under the warrantless assertions of protecting the public when it is nothing more than an issue of restriction of trade for the purpose of establishing a professional monopoly. Under SB-271 the terms 'marital therapy or family therapy' would reside within the exclusive domain of LMFTs. This erroneously implies that marriage and family therapists hold some type of specific knowledge base that is so specialized that it requires a special license to manage it in the state of Montana. The MFT coalition argues that Montana is only one of two states that have not followed suit with a separate licensure for marriage and family therapists. This fact however does not speak to the good judgment of the other states rather it speaks more precisely to the effectiveness of lobbying. I applaud the previous legislative committee for seeing through these clear attempts by the coalition putting forth SB-271 to engage in restriction of trade with groundless assertions of specialized competency. There are professional organizations that reflect a clinical practitioner's post-graduate training in a subspecialty which most clinicians list as part of their professional masthead. However a separate licensure is not warranted to hawk the specialty. A separate licensure for clinical professionals who treat couples and families would be tantamount to issuing a separate license for an M.D. who practices subspecialties. For example, a physician who practices family medicine would be licensed differently than a physician who practices urology. A physician who practices neurology would hold a separate license from a physician who practices gastroenterology. Where would this end? This type of legislation, should it be allowed to proceed, also establishes a precedent for other subspecialties seeking a separate licensure. For example, hypnotherapists could lobby for separate licensure and trademark the term 'hypnotherapy', Eye Movement and Desensitization

Reprocessing (EMDR) practitioners could declare their knowledge base specialized and trademark any nomenclature which has 'eye' in its context. The list of subspecialties is endless as does appear to be the relentless attempts to create redundancy and increase public spending of taxpayer dollars, particularly in these financially bleak times, for *needless* legislation. I implore you to see SB-271 for what it is and respectfully request you table it in committee. I would be more than happy to discuss any of these issues at length should my presence be requested.